


2006 FOR PROFIT CORPORATION REINSTATEMENT

STATE OF FLORIDA
DIVISION OF CORPORATIONS

06 OCT 23 AM 8:28

DOCUMENT # P96000006967

1. Entity Name
MVR EXPORT SERVICES, INC.



Principal Place of Business
4599 NW 77 AVENUE
MIAMI, FL 33166

Mailing Address
4599 NW 77 AVENUE
MIAMI, FL 33166

REINSTATEMENT 06



2. Principal Place of Business
4495 N.W 93 DORAL C.T
Suite, Apt. #, etc.

3. Mailing Address
4495 N.W 93 DORAL C.T
Suite, Apt. #, etc.

10182006 REIN-P CR2E088 (11/05)

City & State
DORAL - FLORIDA

City & State
DORAL FLORIDA

4. FEI Number
65-0674388

Applied For
 Not Applicable

Zip
33178

Country
U.S.A

Zip
33178

Country
U.S.A

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
RUEDA, LUIS A
4599 NW 77 AVENUE
MIAMI, FL 33166

7. Name and Address of New Registered Agent
Name
RUEDA, LUIS A.
Street Address (P.O. Box Number is Not Acceptable)
4495 N.W 93 DORAL C.T
City
DORAL FL Zip Code
33178

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 10-18-06

FILE NOW!! FEE IS \$160.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RUEDA, LUIS A 4599 NW 77 AVENUE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. RUEDA, LUIS A. 4495 N.W 93 DORAL C.T DORAL - FLA 33178 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700081125 10/23/06--01068--012 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 10-18-06 / 305-710-1107